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Multidisciplinary Team Meetings as care in practice: An ethnography of hospital and community palliative care in the UK

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Background: Palliative care commonly involves the use of **Multidisciplinary Team Meetings (MDTs)**, focusing on the discussion of

complex cases. While MDTs are acknowledged and appreciated by the team members as central to their daily work, these meetings are not readily captured as a **visible form of patient care**.

Aims: We take the weekly MDTs of two palliative care teams within the same UK NHS (National Health Service) Trust covering acute and community settings as an ethnographic object [1], to explore what **work they do, and with what effects**.



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Methods: Observation of more than 60 MDTs between May 2018 and January 2020 as part of the larger ethnographic study on palliative care '**Forms of Care**'.

Qualitative field notes were written up during/after each meeting. Emerging themes were identified through **coding** and **memo-ing** in NVivo12, and analysed using theoretical sensitivities characteristic to **material semiotics**. We shared and refined our findings around team work through **workshops with the palliative care teams**.



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Findings: MDTs are simultaneously:

- **institutional instruments** aimed at demonstrating and delivering process
- **spaces to come together**
- **a collaborative, administrative, and supervisory practice**

We observed that palliative care staff in MDTs:

- **'feel their way'** through complex cases, while attending to individual and team members' needs
- **anticipate future performance measurements** by contextualising patient outcomes
- **document the work done** in meetings to ensure their continuation
- **consider potential improvements** alongside mounting work and resource pressures.

The cyclical temporality of recurring meetings allows **sharing and accumulation of expertise amongst members of the team**. However, the linear temporality of patient care requires 'curtailing' or editing out potential distractions through forms and presentation formats [2], which paradoxically enable a **holistic approach**.



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Conclusion: We argue that rather than solely being opportunities to plan or make decisions about patient care, MDTs are in themselves a productive form of doing care [3].

References: [1] Brown, H., Reed, A. & Yarrow, T. (2017). "Introduction: towards an ethnography of meeting." *Journal of the Royal Anthropological Institute* 23(1): 10-26. [2] Strathern, M. (2017). "Afterword." *Journal of the Royal Anthropological Institute* 23(1): 198-203. [3] Mol, A., Moser, I. & Pols, J. (Eds.). (2015). *Care in practice: On tinkering in clinics, homes and farms*. Bielefeld: Transcript.

The **Forms of Care** project team consists of Prof. Simon Cohn (LSHTM), Dr. Erica Borgstrom (OU) and Dr. Annelieke Driessen (LSHTM). Forms of Care has been funded by the Economic and Social Research Council (Grant ref: ES/P002781/1).

